



# GJ INSURANCE CONSULTING PTY LTD

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## PROPERTY CLAIM FORM

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*(If there is not enough room on this form for your answers, please attach a separate sheet, indicating the Section and Question you wish to complete.)*

### YOUR PRIVACY

The Privacy Act 1988 requires GJ Insurance Consulting Pty Ltd to make the following disclosure before collecting personal information about you after 21 December 2001:

- GJ Insurance Consulting collects personal information in order to provide it's various services which include insurance broking, claims management, risk management consultancy, underwriting management, and reinsurance.
- If the personal information GJ Insurance Consulting requests from you is not provided, GJ Insurance Consulting or any involved third party may not be able to provide the appropriate services.
- GJ Insurance Consulting discloses personal information to third parties who are involved in the provision of our services. For example, in arranging and managing your insurance needs GJ Insurance Consulting may provide information (including sensitive information such as health information) to insurers, reinsurers, other insurance intermediaries, it's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process. By signing this form and continuing to deal with us, you confirm on your behalf and/or on behalf of those you represent consent to GJ Insurance Consulting and these parties collecting, using and disclosing personal and sensitive information about you.
- GJ Insurance Consulting has a duty to maintain the confidentiality of it's client's affairs which includes their personal information. Our duty of confidentiality applies except where disclosure of your personal information is with your consent or required by law.
- GJ Insurance Consulting may make use of your personal information to provide you with information about it's products and services.

Further details on the GJ Insurance Consulting Privacy Policy are on our website: [www.gjic.com.au](http://www.gjic.com.au)

### Contact Us

Simply contact the GJ Insurance Consulting Privacy Officer on the details below if you would like to:

- Access the personal information GJ Insurance Consulting hold about you
- Update or correct the information GJ Insurance Consulting holds about you
- Discuss your privacy concerns
- Be removed from the mailing list to receive information about GJ Insurance Consulting's other products and services

Privacy Officer

Greg Thomas

E-mail: [greg@gjic.com.au](mailto:greg@gjic.com.au)  
Telephone: 1300 384 799  
Fax: 03 8678 3223

Claim Number:

**1. Policy Details**

<b>Full Name(s) of Insured:</b> ..... ..... ..... .....	<b>Address of Insured:</b> ..... ..... Postcode .....  <b>Telephone Numbers:</b> <b>Business Hour</b> (.....) ..... <b>After Hour</b> (.....) .....	
<b>Insurer:</b> .....	<b>Policy No:</b> .....	<b>Expiry Date:</b> ..... / ..... / 20.....

**2. General Details of Loss / Damage**

<b>Location of loss / damage</b>		
<b>Actual date of loss / damage</b>	..... / ..... / 20.....	<b>Approximate time of loss / damage</b> ..... am/pm
<b>Was the lost/damage property:</b> (i) <b>subject to a Lease or an Agreement?</b> (ii) <b>Covered under another insurance policy?</b>	<input type="checkbox"/> YES <input type="checkbox"/> No  <input type="checkbox"/> YES <input type="checkbox"/> No  If YES to either or both, please give details: ..... .....	
<b>How was the loss/ damage discovered?</b>	..... ..... .....	
<b>What steps have been taken to recover the lost property or minimise damage to the property?</b>	..... .....	

<b>Were the police notified?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, please state: (i) date of report:                    ..... / ..... / ..... (ii) approximate time of report: ..... am / pm (iii) Name of Police Station: ..... (iv) Name of Police Officer: .....
<b>Has any property been recovered?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please give details)</i> ..... .....
<b>Was any other party responsible for the loss/ damage?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please give details)</i> ..... .....
<b>Has anyone been charged for the loss/ damage?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please give details)</i> ..... .....

**3. Complete this section for Personal Valuables / Burglary / Theft**

<b>How were the premises entered?</b>	..... ..... .....
<b>Were the premises occupied at the time of loss?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No  If No, please state: (i) date last occupied:                    ..... / ..... / ..... (ii) Approx. time last occupied: ..... am / pm



**7. Complete this section for ALL Claims – ABN Details**

Are you a registered business? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your ABN?                      ABN No: .....
What percentage of GST in your premium did you claim as an Input Tax Credit for the period of insurance in which this loss occurred? .....%

**8. Declaration**

I/We, the undersigned claimant(s) hereby declare that the foregoing statements and particulars of the claim are true and correct and that I/We have not withheld any information relevant to this claim.	
I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify GJ Insurance Consulting in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".	
Full name of claimant(s) <i>(please use block letters)</i>	..... .....
Signature(s)	
.....  .....	Date:    ..... / ..... / 20.....  Date:    ..... / ..... / 20.....
Bank Details for an EFT Payment	
Account Name	
BSB	
Account Number	

**SCHEDULE**

(1) PLEASE COMPLETE FOR **LOSS** OF PROPERTY:-

Description of property for which loss is claimed	Date of Purchase or Acquisition	Original Cost	Value at time of Loss-allowing for reasonable Depreciation	Value of Salvage (if any)	Amount of Loss or Damage Claimed	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
<b>TOTAL AMOUNT OF LOSS CLAIMED</b>					\$	

(2) PLEASE COMPLETE FOR **DAMAGE** TO PROPERTY:-

Particular	Name of Repairer (Invoice / Quote)	Cost of Repairs	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
<b>TOTAL REPAIRS</b>		\$	
<b>TOTAL AMOUNT CLAIMED</b>		\$	

(3) PLEASE COMPLETE FOR **FUSION** DAMAGE:-

Machine / Appliance	Maker	Date of Purchase	H.P. of Motor	Name of Repairer Invoice/Quote Attached	Cost of Repairs	
					\$	
					\$	
					\$	
					\$	
					\$	
<b>TOTAL REPAIRS</b> (Note: To Avoid delay, attach invoice giving the separate items of costs as certain items may not be claimable)					\$	
<b>LESS EXCESS</b>					\$	
<b>NET AMOUNT CLAIMED</b>					\$	

(4) PLEASE COMPLETE FOR **THIRD PARTY CLAIMS**:-

Details of injury or damage to third parties:-

a) Name: .....

b) Address: .....

.....

.....

c) Occupation: .....

d) Nature and extent of injuries/damage: .....

.....

e) Has the third party any relationship to you (eg. relative, employee)? .....

.....

f) Have you received any correspondence from third parties? If so, please enclose them with this form. ....

.....

g) Have you made any admission of liability? .....

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